

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213520789					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Community of Light Ministries</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CONNIE WILSON 6467 COPLE HWY HAGUE, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: WESTMORELAND COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 4/30/2013</p> <p>SCC ID NO: 07076557</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 6467 COPLE HWY</p> <p style="text-align: center;">CITY/ST/ZIP: HAGUE, VA 22469</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: CONNIE WILSON TITLE: OFFICER ADDRESS: 6467 COPLE HWY CITY/ST/ZIP/CO: HAGUE, VA 22469 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: CONNIE WILSON TITLE: OFFICER ADDRESS: 6467 COPLE HWY CITY/ST/ZIP/CO: HAGUE, VA 22469	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICK WILSON VICE CHAIRMAN 4832 SANDY POINT ROAD KINSALE, VA 22488	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DARRELL JAMES COUNCILMAN 5577 NOMINI HALL ROAD HAGUE, VA 22469	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLETTA FAUNTLEROY CHAIRMAN P. O. BOX 24 HAGUE, VA 22469	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROLAND WILSON ASST TREASURER 118 MARION WAY HAGUE, VA 22469	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LOUIS FAUNTLEROY COUNCILMAN P. O. BOX 24 HAGUE, VA 22469	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TAMMY BULLOCK COUNCILWOMAN P. O. BOX 233 MONTROSS, VA 22520	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LYNDON GARNER COUNCILMAN 1617 FEMLEA ROAD TAPPAHANNOCK, VA 22560	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AUDREY GARNER COUNCILWOMAN 1617 FEMELA ROAD TAPPAHANNOCK, VA 22560	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ CONNIE WILSON		CONNIE WILSON, OFFICER	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			